

**Supplemental Form for City/County Basic Criminal Investigation School and
Advanced Crime Scene School**

Name:									
Agency:									
Title:									
Email:									
<p>Are you applying to: <input type="checkbox"/> City/County Basic Criminal Investigation School <input type="checkbox"/> Advanced Crime Scene School</p> <p>How many years total experience in law enforcement? _____</p> <p>How many years total experience working crime scenes? _____</p>									
<p>Have you previously attended the National Forensic Academy (NFA)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have a crime scene certification? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what certification? _____</p>									
<p>Are you a <input type="checkbox"/> Sworn or <input type="checkbox"/> Civilian employee?</p> <p>Primary Duties: <input type="checkbox"/> Crime Scenes <input type="checkbox"/> Detective <input type="checkbox"/> Patrol <input type="checkbox"/> Other _____</p>									
<p>What brand and model of camera do you use at crime scenes? _____</p> <p>Do you have a tripod? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>									
<p>Which of the following items are in your crime scene kit? Check all that apply.</p> <table style="width: 100%; border: none;"><tr><td style="width: 50%; vertical-align: top;"><input type="checkbox"/> Electronic or Laser Measuring Device</td><td style="width: 50%; vertical-align: top;"><input type="checkbox"/> Dental Stone/Casting Materials</td></tr><tr><td style="vertical-align: top;"><input type="checkbox"/> Latent Print Powder</td><td style="vertical-align: top;"><input type="checkbox"/> Electrostatic Lifter/Gel Lifts</td></tr><tr><td style="vertical-align: top;"><input type="checkbox"/> Superglue Wand</td><td style="vertical-align: top;"><input type="checkbox"/> Presumptive Blood Test</td></tr><tr><td style="vertical-align: top;"><input type="checkbox"/> Trajectory Rods</td><td style="vertical-align: top;"><input type="checkbox"/> Bluestar/Luminol</td></tr></table>		<input type="checkbox"/> Electronic or Laser Measuring Device	<input type="checkbox"/> Dental Stone/Casting Materials	<input type="checkbox"/> Latent Print Powder	<input type="checkbox"/> Electrostatic Lifter/Gel Lifts	<input type="checkbox"/> Superglue Wand	<input type="checkbox"/> Presumptive Blood Test	<input type="checkbox"/> Trajectory Rods	<input type="checkbox"/> Bluestar/Luminol
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<p>Do you process evidence collected from crime scenes?</p> <p><input type="checkbox"/> Yes If yes, what: _____</p> <p><input type="checkbox"/> No</p>									
<p>What is the biggest challenge in processing crime scenes:</p>									